

Iowa College Student Aid Commission

Postsecondary Approval and Registration Administrator
200 10th Street, Fourth Floor
Des Moines, IA 50309
(515) 725-3470

Application for Approval and Registration of Postsecondary School Iowa Code Chapter 261B

Pursuant to Iowa Code Chapter 261B, the undersigned school applies for registration to conduct or maintain one or more courses of instruction, including courses of instruction by correspondence, where the courses are offered in Iowa or the school has a presence in Iowa and desires to offer courses in other states or foreign countries.

Submit a paper document and a complete duplicate in pdf format on a CD.
Applications may be submitted electronically by contacting the Postsecondary Approval Administrator at the Iowa College Student Aid Commission.

Applications for an initial approval and registration must include a *non-refundable* check for \$4,000 payable to the State of Iowa.

Applications fees are to be sent to:

Postsecondary Approval and Registration Administrator
200 10th Street, Fourth Floor
Des Moines, IA 50309

All items must be completed before the application will be considered as received by the Commission. Attach additional pages as needed to provide the requested information. Responses are required to have a minimum of a summary paragraph on this form. Responses that include only statements similar to "please see attached", will be considered incomplete. Other documents or materials may also be attached to support the application. Attachments must be tabbed and clearly marked on both the paper and pdf documents..

(Registrations must be renewed every four years or upon any substantive change in program offerings, location, or accreditation.)

Name of school and address of the principal office as defined in Iowa Code Section 490.140 or 510.141:
[(261B.4(2))] and [(261B.4(1))]

Name of School: CONCORDIA UNIVERSITY IRVINE
Suite: _____
Street: 1530 CONCORDIA WEST
City: IRVINE
State: CALIFORNIA
Zip: 92612
Country: U.S.A.
Telephone Number (including country or area code): 949-854-8002

Type of corporation:

- For-profit
 Non-profit

Address of this school in all in other states, and in foreign countries:

Include a statement, signed by the chief executive officer of the applicant school, on school letterhead, demonstrating the school's commitment to the delivery of programs located in Iowa, and agreeing to provide alternatives for students to complete programs at other institutions if the applicant school closes the program before students have completed their courses of study.

Statement may be in an attached document.

Provide an organizational plan that shows the location and physical address, telephone number, fax number and contact information for all internet-based and site-based educational locations, administrative, and service centers operated by the applicant and any parent organization.

SEE ATTACHMENT

Provide documentation showing the school's policy for the resolution of student and graduate comments and complaints. Provide complete contact information to which complainants may be referred.

SEE ATTACHED HANDBOOK, PAGE 7, #6

Provide a copy of a current Certificate of Authority provided by the applicant's home state and the Iowa Secretary of State.

CALIFORNIA DOES NOT ISSUE A CERTIFICATE OF AUTHORITY, BUT RATHER ISSUES A CERTIFICATE OF STATUS. THAT CERTIFICATE IS INCLUDED.

APPLICATION HAS BEEN MADE TO THE IOWA SECRETARY OF STATE'S OFFICE (ATTN: DIANE BURDETTE) TO RECEIVE AUTHORIZATION AS A FOREIGN NONPROFIT IN IOWA. THE APPLICATION WAS MAILED 3/26/17. ONCE IT IS RECEIVED HERE, A COPY WILL BE SENT TO YOUR OFFICE

Provide the U.S. Department of Education cohort default rate for each associated organizational entity for which the U.S. Department of Education reports a cohort default rate.

THE MOST RECENT REPORTED DEFAULT RATE WAS 2.6%.

Suite	Street	City	State	Zip	Country	Telephone
	2870 Suncal	Fernencita	CA	92590	USA	949-214-3381
	120 W. Ash	ESCONDIDO	CA	92027	USA	949-214-3381
	512 W. Duarte	ARCADIA	CA	91007	USA	949-214-3359
	2900 N. E. ST	SAN BERNARDINO	CA	92405	USA	949-214-3359

Address of all locations in Iowa where instruction is to be provided

Suite	Street	City	State	Zip	Country	Telephone
	(NONE)					

Tuition charges, fees and other costs payable to the school by a student. [(261B.4(3))]

Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Total
MASTER OF ARTS IN COACHING AND ATHLETIC ADMINISTRATION	15,120		1000		16,120

Refund policy of the school for the return of refundable portions of tuition, fees, or other charges [(261B.4(4))] If the refund policy is attached, please summarize the policy below.

SEE HANDBOOK, PAGE 4

Degrees granted by the school [(261B.4(5))]

Offered in Iowa [(261B.4(11))]

Offered outside of Iowa

BA & BS DEGREES IN A VARIETY OF AREAS
MA IN THEOLOGY
MA IN EDUCATION

Name, business address and telephone number of the chief executive officer of the school: [(261B.4(7))]

Name: DR. KURT J. KRUEGER, PRESIDENT
Suite: _____

Street: 1530 CONCORDIA WEST
City: IRVINE,
State: CALIFORNIA
Zip: 92612
Country: U.S.A.
Telephone Number (including country or area code): 949-214-3194

Provide a copy or description of the means by which the school intends to comply with 261B.9 [(261B.4(8))]. Code section 261B.9 is as follows:

261B.9 DISCLOSURE TO STUDENTS.

Prior to the commencement of a course of instruction and prior to the receipt of a tuition charge or fee for a course of instruction, a school shall provide written disclosure to students of the following information accompanied by a statement that the information is being provided in compliance with this section:

1. The name or title of the course.
2. A brief description of the subject matter of the course.
3. The tuition charge or other fees charged for the course. If a student is enrolled in more than one course at the school, the tuition charge or fee for all courses may be stated in one sum.
4. The refund policy of the school for the return of the refundable portion of tuition, fees, or other charges. If refunds are not to be paid, the information shall state that fact.
5. Whether the credential or certificate issued, awarded, or credited to a student upon completion of the course or the fact of completion of the course is applicable toward a degree granted by the school and, if so, under what circumstances the application will be made.
6. The name of the accrediting agency recognized by the United States department of education or its successor agency which has accredited the school.

Response:

A LETTER TO BE SENT UPON ACCEPTANCE ATTACHED

Name, address, and telephone number of a contact person in Iowa. [(261B.4(10))]

Name: NORTHWEST REGISTERED AGENT, LLC
Suite: 811
Street: 309 COURT AVENUE
City: DES MOINE
State: IOWA
Zip: 50309
Country: USA

Telephone Number (including country or area code): _____

Name, address, and title of the other officers and members of the legal governing body of the school:
[(261B.4(6))]

Officer Number 1

Name: MR. CRAIG OLSON, CHAIRMAN, BOARD OF REGENTS
Suite: _____
Street: 1530 CONCORDIA WEST
City: IRVINE
State: CALIFORNIA
Zip: 92614
Country: U.S.A.
Telephone No. (including country or area code): 949-214-3194

For officers 2 or more, add pages as needed:

Owner Number 2

Names and addresses of persons owning more than 10% of the school: [(261B.4(6))]

Name: _____
Suite: _____
Street: _____
City: _____
State: _____
Zip: _____
Country: _____
Telephone Number (including country or area code): _____

For owners 2 or more, add pages as needed

Name all agencies accrediting the institution. For each agency, include name, address, telephone number, and whether the agency is recognized by the U.S. Department of Education. [(261B.4(9))] Attach copies of accreditation certificates of status for each agency. If the Iowa location is not accredited, provide accrediting agency certification that the Iowa location will be granted accreditation upon approval by the College Student Aid Commission. Provide documentation that every location of applicant school is approved by the accrediting agency and in good standing, for all locations throughout the world.

Accrediting agency 1

Name: WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES
Suite: 200
Street: 533 AIRPORT BLVD.
City: BURLINGAME
State: CALIFORNIA
Zip: 94010
Country: U.S.A.
Telephone Number (including country or area code): 650-696-1060
Contact Person: DAVID BROWN, EXECUTIVE DIRECTOR

Is this agency recognized by the U. S. Department of Education? Yes No

Accrediting Agency 2

Name: _____
Suite: _____
Street: _____
City: _____
State: _____
Zip: _____
Country: _____
Telephone Number (including country or area code): _____
Contact Person: _____

Is this agency recognized by the U. S. Department of Education? Yes No

Accrediting Agency 3

Name: _____
Suite: _____
Street: _____
City: _____
State: _____
Zip: _____
Country: _____
Telephone No. (including country or area code): _____
Contact Person: _____

Is this agency recognized by the U. S. Department of Education? Yes No

Accrediting Agency 4+

Respond on a separate page:

Describe the procedures followed by the school for permanent preservation of student records. [(261B.4(12))]

PHYSICAL RECORDS FOR EACH STUDENT ARE STORED BY THE REGISTRAR'S
OFFICE IN A SECURE LOCATION. STUDENTS SINCE 2002 ALSO HAVE AN ELECTRONIC
RECORD IN ADDITION TO THE PAPER FILE. BOTH TYPES OF RECORDS ARE KEPT IN
PERPETUITY.

Provide the contact information to be used by students and graduates who seek to obtain transcript information.

Name: OFFICE OF THE REGISTRAR, ATTN. DESSA SUPER
Suite: GRIMM HALL - 105B
Street: 1530 CONCORDIA WEST
City: IRVINE
State: CA
Zip: 92612
Country: U.S.A.
Telephone Number. (including country or area code): 949-214-3282

Provide the name and contact information for a U. S. Department of Education official who can verify the LST statement.

Do you:

Enroll students in Iowa? Yes No
Employ Iowa faculty? Yes No

Do you intend to:

Enroll students in Iowa? Yes
No Employ Iowa faculty? Yes No

Describe current operations or plans to enroll students in Iowa or employ Iowa faculty.

WE CURRENTLY ENROLL STUDENTS WHO FIND THE PROGRAM VIA A WEB
SEARCH. OUR INTENT, ONCE IOWA APPROVAL IS SECURED, IS TO USE BOTH
EMAIL AND BOOTHS AT ATHLETIC CONFERENCES TO RECRUIT FUTURE
STUDENTS.

Name, address, and telephone number of full-time employees in Iowa.

Name: (NONE)
Suite: _____
Street: _____
City: _____
State: _____
Zip: _____
Country: _____
Telephone Number (including country or area code): _____

Will your school comply with Iowa Code section 261B.7 limiting the use of references to the Secretary of State, State of Iowa, or College Student Aid Commission in promotional material (See the Iowa Code for details)

Yes No

Will your school comply with the requirements of Iowa Code section 261.9(1)"e" to "g"? [

(See the Iowa Code for details.) Yes No

Does the school agree to file annual reports that the Commission requires from all Iowa colleges and universities?

Yes No

Attached a copy of the applicant school's most recent audit prepared by a certified public accounting firm no more than 12 months prior to the application and state below where, in the audit report, there is evidence that the auditor is providing an unqualified opinion.

SEE INCLUDED AUDIT REPORT DATED NOV. 7, 2011

Describe how students will be provided with access to learning resources, including appropriate library and other support services requisite for the schools' degree programs.

THE UNIVERSITY LIBRARY IS AVAILABLE ONLINE. THE THREE ELECTRONIC JOURNALS MOST APPLICABLE TO THIS PROGRAM ARE SPORTSDISCS (FULLTEXT), ERSCO (FULLTEXT) AND ERIC (FULLTEXT ON REQUEST). IN ADDITION, A VARIETY OF OTHER DATA BASES ARE AVAILABLE FOR RESEARCH INTO CURRENT EVENTS AND THE LEGAL ASPECTS OF SPORTS MANAGEMENT. REFERENCE LIBRARIAN SUPPORT IS AVAILABLE VIA EMAIL REQUEST.

Provide evidence that faculty within an appropriate discipline are involved in developing and evaluating curriculum for the program(s) to be registered in Iowa.

SEE ATTACHED 'MCAA FACULTY AND STAFF' FOR CREDENTIALS OF THOSE INVOLVED WITH THIS PROGRAM.

Provide evidence that the school has adequate physical facilities appropriate for the program(s) to be offered and are located in the state. Include a copy of a signed agreement for a facility purchase or lease or option to purchase or lease. Please include a photograph of the location.

ELECTRONIC INFRASTRUCTURE SUPPORT FOR THE COURSE MANAGEMENT SYSTEM, BLACKBOARD, IS PROVIDED THROUGH A CONTRACT WITH BLACKBOARD. THIS PROVIDES 99+% UP TIME FOR THE SYSTEM AS WELL AS SUFFICIENT BANDWIDTH FOR ALL STUDENTS. INTERNALLY, WE PROVIDE HELP DESK SUPPORT VIA PHONE OR EMAIL. SINCE COURSES ARE OFFERED ONLINE, NO SPECIALIZED EQUIPMENT OR FACILITIES ARE REQUIRED. THE PROGRAM'S PRESENCE ON CAMPUS CONSISTS OF THE STAFF ADMINISTERING IT AND THE FULL TIME FACULTY WHO TEACH ONLINE.

Provide the average debt upon graduation of individuals completing programs at each branch location and the entire organization,

AVERAGE DEBT FOR ALL STUDENTS IS \$6600

Provide the U. S. Department of Education cohort graduation rate for each branch location and the total organization, showing rates for graduates of diploma, two-year, and four-year, programs if those rates are reported to the U. S. Department of Education National Center for Education Statistics.

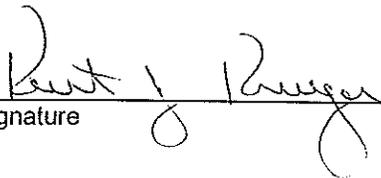
GRADUATION RATE IS 80%

SIGNATURE

Applicant School Chief Executive Officer

KURT J. KRUEGER
Name

PRESIDENT
Title


Signature

4/10/2012
Date

If any information in this application changes between the time of application Commission action, the school must inform the Commission by filing an Amended Application clearly indicating the information which is being amended. Amendments must be received before the Commission takes action.